

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>DEMAND FOR HEARING</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

- ☐ 1. I am the
- ☐ hospital director/designee.
  - ☐ alternative treatment provider/designee.
  - ☐ individual named above.
    - ☐ The individual refuses to accept prescribed treatment.
    - ☐ The individual requests a hearing.
- ☐ 2. I am the executive director of the community mental health services program. The individual deferred the initial hearing and is participating in an alternative treatment program in the community. The deferral period ends on \_\_\_\_\_ .  
Date
- ☐ I believe s/he continues to require treatment but refuses to sign a voluntary treatment form.
  - ☐ I believe s/he continues to require treatment but is found not suitable for voluntary treatment.
- ☐ 3. I am the director of the hospital where the individual has remained hospitalized since deferring the initial hearing on \_\_\_\_\_ . I believe the individual continues to require treatment and
- ☐ will not agree to sign a formal voluntary admission.
  - ☐ is not suitable for voluntary admission.
4. I demand a hearing.
- ☐ 5. The individual requires hospitalization pending the hearing and it is necessary that the court order a peace officer to transport the individual to the \_\_\_\_\_ hospital pending the hearing.
6. The individual is located at \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name (type or print)

**ORDER**

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_  
Bar no.

2. A peace officer shall take the individual into protective custody and transport him/her to the above stated hospital.

\_\_\_\_\_  
 Signature

Do not write below this line - For court use only